

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 573775

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6				5		
7						
8				3		
9				1		
10				1		
11				3		
12						
13						
14						
15				3		
16						
17						
18						
19				3		
20						
21						
22						
23				3		
24				3		
25				3		
26				3		
27				3		
28						
29						
30						
31				6		
32				3		
33				1		
34				6		
35						
36						
37						
38				3		
39				3		
40				3		
41						
42						
43						
44				3		
45						
46						
47						
48						
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				6		
52				4		
53				2		
54				4		
55				6		
56			1			
57						
58				1		
59						
60				1		
61				1		
62				2		
63				2		
64				0		
65				0		
66				0		
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		32		↓
TOTAL DEP.		←		95		←
TOTAL CLAIMS				127		